

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION DNA	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR																																																																																																																																						
	11-JUL-2014	23:37:00	1533 S CHRISTIANA AVE CHICAGO, IL 60623	304	1021																																																																																																																																						
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.																																																																																																																																		
	9161	KAHN	BRETT K	17785	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	702	193																																																																																																																																			
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?																																																																																																																																					
	01-AUG-2012		010 1065C	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																																					
	20. LAST NAME	21. FIRST NAME	22. MI.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.																																																																																																																																			
	SMITH	JEREMIAH	Q	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	16-APR-1984	508	170																																																																																																																																			
	28. ADDRESS	1338 S MILLARD AVE CHICAGO, IL 60623	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/THREATENING?	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?																																																																																																																																					
				<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB ND.	38. IR NO.	39. DNA	40. DNA																																																																																																																																				
	I AMB 83	<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	720 ILCS 5/24-1-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2		18932825																																																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAULTANT ASSAULT</th> <th colspan="2">ASSAULTANT BATTERY</th> <th colspan="2">ASSAULTANT DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input checked="" type="checkbox"/></td> <td>FLED</td> <td><input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> <td>ATTACK WITHOUT WEAPON</td> <td><input checked="" type="checkbox"/></td> <td>WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td>OTHER _____</td> <td></td> <td>OTHER _____</td> <td></td> </tr> <tr> <td>MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE</td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>VERBAL COMMANDS</td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>KICKS</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td></td> </tr> <tr> <td></td> <td>ESCORT HOLDS</td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td><input checked="" type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WRISTLOCK</td> <td>CANINE</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARMBAR</td> <td>TASER (Probe Discharge)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PRESSURE SENSITIVE AREAS</td> <td>TASER (Contact Stun)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CONTROL INSTRUMENT</td> <td>TASER (Laser Targeted)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OC/CHMICAL WEAPON W/AUTHORIZATION</td> <td>TASER (Spark Displayed)</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT ASSAULT		ASSAULTANT BATTERY		ASSAULTANT DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input checked="" type="checkbox"/>	WEAPON	<input type="checkbox"/>	OTHER _____		OTHER _____				OTHER _____		OTHER _____		MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>		VERBAL COMMANDS	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____			ESCORT HOLDS	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input checked="" type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>				WRISTLOCK	CANINE	<input type="checkbox"/>								ARMBAR	TASER (Probe Discharge)	<input type="checkbox"/>								PRESSURE SENSITIVE AREAS	TASER (Contact Stun)	<input type="checkbox"/>								CONTROL INSTRUMENT	TASER (Laser Targeted)	<input type="checkbox"/>								OC/CHMICAL WEAPON W/AUTHORIZATION	TASER (Spark Displayed)	<input type="checkbox"/>								OTHER _____	OTHER _____							
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39. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION IMPACT WEAPON "ASP"																																																																																																																																						
POSITION		STAR NO.	UNIT																																																																																																																																								
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS																																																																																																																																					
<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night	<input type="checkbox"/> 03 Dawn	<input type="checkbox"/> 04 Dusk	<input checked="" type="checkbox"/> 06 Good Artificial																																																																																																																																				
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON																																																																																																																																										
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 TASER (Probe Discharge)																																																																																																																																										
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																																																																																																																																					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL. FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																																																																																																																			
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED																																																																																																																																			
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN DRAWN		63. DID MEMBER USE SIGHTS																																																																																																																																			
<input type="checkbox"/> 01 MEMBER	<input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES	<input type="checkbox"/> 02 NO			<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																																				
63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																																																																																																																																									
<input type="checkbox"/> 01 STRONG SIDE DRAW	<input type="checkbox"/> 02 CROSS DRAW																																																																																																																																										
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																																																																																																																																									
		<input type="checkbox"/> 010 - 015 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																																																																																									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		70. STANDING		71. LYING DOWN																																																																																																																																					
<input type="checkbox"/> 01 PERSON	<input type="checkbox"/> 02 OBJECT	<input type="checkbox"/> 03 BOTH	<input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)																																																																																																																																							
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C.J.DIST. OF OCCUR.																																																																																																																																											
73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W.C.J.DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																																																																																																																																											
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																											
75. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE																																																																																																																																							
KAHN, BRETT K		17785																																																																																																																																									
12-JUL-2014 02:43:48																																																																																																																																											
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																																																																																																											
76. REVIEWING SUPERVISOR (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE		DATE REVIEWED		TIME																																																																																																																																			
LARA, ILDEFONSO J		1807				12-JUL-2014		03:39:46																																																																																																																																			
TO EVENT NO: 1419219612 77. R.D. NO: HX341575 78. Log# 1071320 ATT# 23																																																																																																																																											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Smith, after hearing his Constitutional Rights from R/Lt at 0050 Hrs., in a 10th District processing room holding cell, stated that he wanted to go home.

76. WATCH COMMANDER/OCIC RATIONALE FOR UG-77 FINDINGS:

Upon reviewing the officer's sworn report and interviewing subject Simmons, Lisa (CB #18932820), the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. CRNO. _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name) GILTMIER, BETH A	SIGNATURE [REDACTED]	DATE COMPLETED 12-JUL-2014 03:59:16	TIME
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR's THIS EVENT No. 4
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